More Information about the Budget Plan

As I announced last week, the government approved our Budget Plan, which sets us on the course towards fiscal balance. While not everyone has a clear understanding of this plan yet, it is important to reiterate that it was a time-sensitive collective effort across our missions and directorates. It is also a plan that will affect some of our colleagues' jobs. That is why our first priority was to meet individually with those affected before communicating more broadly to the MUHC community. While these meetings have, for the most part, now taken place, unfortunately the time delay caused rumours to circulate and incomplete media reports that compounded our already stressful environment.

Having said that, providing everyone with information in a straightforward manner remains our goal and we will endeavour to speed up the process from hereon in. As a first step, managers have been asked to explain the plan to their respective teams. Secondly, face-to-face meetings will take place in the coming weeks to provide opportunities for additional explanations and discussions. Finally, a platform for questions and answers is being set up on our Intranet so that individual queries can be responded to in a timely fashion but also so that the information can be shared with everyone. In the interim, I'd like to address some of the issues raised in recent days and hopefully fill in some of the gaps in understanding.

Impacts on Workforce and Clinical Care

In terms of workforce impact, the cost-reductions measures will amount to 151 job closures for people in full-time or part-time positions with job security. In accordance with our collective agreements, unionized employees will have the right to supplant someone with less seniority or apply to fill another job posting, as we have 296 vacant positions. Another 113 vacant positions have also been closed. In these cases, incumbents chose to retire or positions have simply been vacant for some time. In addition, occasional employees will have fewer remunerated hours than before, but we are centralizing our recall list to give them the maximum possible. As for new recruitment, it has been frozen for the time being in favour of using our existing human resources. Finally, 13 managers' positions have been closed.

In terms of clinical impact, we have completed a risk assessment for each measure in order to prepare for and mitigate potential challenges. Moreover, we will track quality and safety indicators diligently to ensure that clinical performance and financial performance are in lock step as we move ahead with the implementation process. I cannot overstate the fact that we need to work together in order to successfully implement this plan because there will be challenges and, yes, we will make adjustments along the way as needed. After all, a plan that cannot be adapted isn't a good plan.

In that regard, concerns about the impact of manpower changes in the Logistics directorate are being reviewed closely. Similarly, consolidation of units and teams, in particular the reorganization of surgical services at the Montreal General Hospital (MGH), will need our attention as we proceed. Insofar as our nurse-to-patient ratio is concerned, let me be clear: the ratio changes depending on the shift and patients' acuity. Nothing, however, that has been tabled in the $28.8M of measures leads us to 1 nurse per 8 patients as has been reported. As noted below, an optimization project will assess the question of optimal ratios and other aspects of how we staff our inpatient units. Additionally, as regards our trauma nurses, one of the measures called for the transfer of 4 beds on the MGH's 12th floor step-down unit to the ICU. This move, in accordance with our collective agreement, caused the closure of the associated nursing positions in the step-down unit and the opening of positions on the ICU. Other vacant nursing positions will be filled hopefully with nurses whose current positions are being closed. Finally, the Family Medicine clinic at the Queen Elizabeth Health Complex is not closing. We are working with the clinic's leaders to ensure a smooth transition. More details will be shared shortly.

Optimizing our Performance: A Work in Progress

What our deficit situation has made clear is that no area of the MUHC can be exempt from evaluation; there is always room for improvement. Recent measures in administrative and support services shaved, for example, $3.5M in fiscal 2012-2013 through changes in Technical Services and supplies. Within the Budget Plan, we've since identified another $10.7M in cost-reduction measures from this area: in round numbers, roughly $3M in IS through Syscor; $1.5M in food-services supplies through Sodexo; $1.3M from renegotiating other supplier contracts; $0.8M by optimizing drug utilization for patient treatments without affecting clinical care or manpower; $0.6M and $0.4M, respectively, in infrastructure and parking expenses; $0.8M through the Executive budget envelope; and $2.3M from other administrative and support services.

I'd like to now highlight six optimization projects that are getting started because people tend to focus on what is being lost when the topic of cost reductions comes up rather than what could be gained. We have a great opportunity to improve our performance, both clinically and financially. Again, our success will be as a result of a team effort.

Between now and May 1, the government-imposed deadline, each of the following groups will identify an action plan with measures that will generate at least $21.4M in clinical efficiencies and savings over two years. These savings are over and above the $28.8M already being implemented. The groups and their leaders are:

- Ambulatory care: Stéphane Timothée, Randy Robins and Dr. Mathias Kalina
- Laboratories: Dr. Anne-Marie Bourgault
- Operating rooms: Dr. Michael Tanzer and Dr. Gianpaolo Capolicchio
- Adult medical imaging: Michel Picard, Dr. Robert Lisbona
- Staff mix on inpatient units: Patty O'Connor and Joanne Brodeur
- Lachine Hospital: Jocelyne Faille and Dr. Mathias Kalina

Working Smarter Together

We have begun meeting with unions to discuss the Budget Plan and their involvement in the optimization projects because their representatives have important contributions to make. Results will be shared as soon as they are available. If you have suggestions that could lead to potential improvements or best practices, please do not hesitate to bring them forward. While everything we are implementing in the short to mid term is aligned with our redevelopment, this opportunity should generate a host of ideas worth pursuing and we would be loathe to not explore them.

I know everyone's morale has taken a beating lately, and I am sorry that we're in this situation. We've had to make tough decisions and we have more to make. However, if the positive variance in our financial results is proof that working smarter together can make a difference within a few short months, then I remain very optimistic that we'll not only identify more financial and clinical gains, but that we'll also overcome this extremely challenging time for our organization.